No. C 195238  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Jul 31, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed.  ZIONS INSURANCE AGENCY, INC.  LAUREN MERRILL  ONE SOUTH MAIN 15TH FL  SALT LAKE CITY UT 84133		Registered Agent and Address (NO PO BOX)  CORPORATION SERVICE COMPANY     12550 W EXPLORER DR STE 100     BOISE ID 83713  3. New Registered Agent Signature:*			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	JULIANNE CRUZ		ONE SOUTH MAIN 15TH FL	SALT LAKE CITY	UT	USA	84133
DIRECTOR	HAYES CARR		ONE SOUTH MAIN 15TH FL	SALT LAKE CITY	UT	USA	84133
DIRECTOR	JAMES R COOPER		ONE SOUTH MAIN 15TH FL	SALT LAKE CITY	UT	USA	84133
DIRECTOR	KAY HALL		ONE SOUTH MAIN 15TH FL	SALT LAKE CITY	UT	USA	84133
PRESIDENT	PATRICIA A DENNIS		ONE SOUTH MAIN 15TH FL	SALT LAKE CITY	UT	USA	84133
SECRETARY	THOMAS E LAURSEN		ONE SOUTH MAIN 15TH FL	SALT LAKE CITY	UT	USA	84133
TREASURER	HAYES CARR		ONE SOUTH MAIN 15TH FL	SALT LAKE CITY	UT	USA	84133
DIRECTOR	SUZETTE W JONES		ONE SOUTH MAIN 15TH FL	SALT LAKE CITY	UT	USA	84133
DIRECTOR	PATRICIA DI	ENNIS	ONE SOUTH MAIN 15TH FL	SALT LAKE CITY	UT	USA	84133
IRECTOR JULIE CASTLE		E	190 DAMONTE RANCH PARKWAY 1ST FLOOR	RENO	NV	USA	89521
5. Organized Under the La	aws of:	6. Annual Report must	pe signed.*				
UT		Signature: THOMAS E. LAURSEN			Date: 07/19/2016		
C 195238		Name (type or print): THOMAS E. LAURSEN			Title: SECRETARY		
Processed 07/19/2016		(7)	signatures are accepted as original sign	aturec	riue.	JECKLIAKI	
10CESSEU 07/19/2010		Liecti offically provided	signatures are accepted as original sign	atul es.			